Huron Perth Healthcare Alliance		
Maternal Child - Unit Specific Policies and Procedures	Original Issue Date:	August 01, 1985
Induction of Labour	Review/Effective Date:	October 16, 2019
Approved By: Director, Patient Care	Next Review Date:	October 16, 2021

POLICY:

No obstetrical consultation is required for induction or augmentation of labour. Procedure may be initiated by a Registered Nurse on a Physician's Order.

PURPOSE:

1. To facilitate delivery by inducing or augmenting labour without maternal or fetal compromise.

PROCEDURE - CERVIDIL:

1. Obtain consent for "Induction of Labour"
2. Process orders
3. Drug located in fridge freezer
4. Explain procedure to patient
5. Have patient empty bladder
6. Obtain monitor strip x 10 minutes and blood pressure
7. Position patient in Semi-Fowlers (knees flexed and apart, heels together)
8. Assist physician as necessary with gloves, lubricant and insertion of medication
9. Instruct patient to stay in bed x 1 hour post-insertion with monitor on (or as per doctor's order)
10. Monitor blood pressure q 1/2 hour x 2
11. See Induction of Labour Teaching Package
12. Complete workload on-line
13. Chart on out-patient chart (on-line - Triage Assessment)
14. If F.H.R. bradycardia or tonic uterus, Cervidil to be removed immediately
15. If patient discharged per physician's order post-Cervidil insertion, patient is to be instructed to remove Cervidil tampon and return to hospital if contractions greater than q 3-5 minutes regular lasting 45-60 seconds and strong, ruptured membrane or at physician instructed time or if any contractions that lasts longer than 2 minutes.

PROCEDURE - OXYTOCIN:

1. Obtain consent for "Induction of Labour".
2. Put "Oxytocin Induction Protocol" on chart and follow.
3. Run a fetal monitor strip for at least 10 minutes before starting Oxytocin. Notify physician of any abnormalities. Continue monitoring until delivery, unless Doctor Orders intermittent monitoring.
4. Prepare Oxytocin I.V. solution as per Doctor's order and label I.V. bag.
5. Set up 500 ml of I.V. solution without Oxytocin and piggy back Oxytocin solution into it at the lowest port.
6. Start I.V. using ringers lactate.
7. When I.V. is established, start Oxytocin solution according to Doctor's order. Use infusion pump for Syntocinon. R/L solution may be run with Oxytocin as necessary. See Figure I.

   See Induction of Labour Teaching Package

8. Increase Oxytocin solution as per Doctor's order. Increments are aimed at achieving desired uterine activity without fetal compromise. Observe patient and monitor strip closely throughout labour. Take nursing actions as appropriate. (Assessment/Management of Labour, and Electronic Fetal Monitoring.) If any signs of maternal or fetal compromise, discontinue Oxytocin. Take appropriate measures and notify physician.
9. With doctors order, once patient is at the established level of Oxytocin (no further increases), and after a minimum 15 minutes assessment period, patient may ambulate with routine assessments q 15 min. If there are any signs of fetal distress, the patient must have continuous fetal monitoring.
10. Chart initiation of I.V., I.V. infusion rates, i.e., drops/min. and IU/min.
11. See Induction of Labour Teaching Package.

FIGURE I: - Oxytocin Infusion

Start infusion at 2 mu/minute and increase by 2 mu/minute q30 minutes prn to produce contractions q2-3 minutes lasting 45-60 seconds, to maximum of 20 mu/minute. If contractions inadequate at this infusion rate, contact physician for possible further increase.

2 mu/min = 12 cc/hr
4 mu/min = 24 cc/hr
6 mu/min = 36 cc/hr
8 mu/min = 48 cc/hr
10 mu/min = 60 cc/hr
12 mu/min = 72 cc/hr
14 mu/min = 84 cc/hr
16 mu/min = 96 cc/hr
18 mu/min = 108 cc/hr
20 mu/min = 120 cc/hr
22 mu/min = 132 cc/hr
24 mu/min = 144 cc/hr
26 mu/min = 156 cc/hr
28 mu/min = 168 cc/hr
30 mu/min = 180 cc/hr